205 Montezuma, P.O. Box 276

Santa Fe, NM 87504

Phone: (505) 992-9880 Fax: (505) 992-9895 www.co.santa-fe.nm.us

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

NAME - Last	First	Middle	Home Phone
10 1012		maaro	() -
ADDRESS S	treet Mailing]	Business or Message Phone
			() - Ext.
City	State	Zip Code	Please list any different name you have used
,		'	for school or employment
EAGLIBA	OCITION VOLLABBLY FOR I		A CEDADATE ADDITION
EACH PO	JSITION YOU APPLY FOR I	KEQUIKES	A SEPARATE APPLICATION
	POSITION APPLIE	D FOR - Give	exact title.

Position Title Do you have a valid Driver's License?: Yes No Class A B C D Other State Of Issue: License Number: 3. Have you been convicted of a felony or misdemeanor? No If Yes, provide dates: Have you previously worked or do you now work for Santa Fe County? Yes ☐ No☐ If Yes, provide dates: Employment records for former and current County employees will be made available to hiring officials upon request Does Santa Fe County employee any relative of yours? Yes No 5. If Yes, (1) Name: (2) Name: Relationship: Relationship:

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

THE COMPLETION OF THIS APPLICATION REPRESENTS YOUR ABILITY TO PROVIDE WRITTEN COMMUNICATION AND FOLLOW DIRECTIONS. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.

IF HIGH SCHOOL/GED OR COLLEGE EDUCATION IS REQUIRED, ATTACH A COPY OF YOUR DIPLOMA, DEGREE OR APPROPRIATE TRANSCRIPTS TO EACH APPLICATION.

Type or print in dark ink. Copies are acceptable if each is clear, has an original signature, correct job title and contains required attachments. **DO NOT** submit a résumé in lieu of this application. Read the recruitment announcement carefully for the position for which you are applying. Note the skills and knowledge required for the position and assure that you meet the minimum qualifications set forth on that announcement. Carefully complete each block of the Employment History section to fully describe your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking.

THE SELECTION PROCESS: Upon the closing date of the announcement, the Personnel Office will review all applications received to determine if applicants meet the minimum qualifications for the position. The qualifying applications are then delivered to the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by the interviewing official. After all interviews have taken place and an applicant has been offered and accepted the position, the remaining applicants will be contacted by telephone or letter to be informed that the position has been filled.

NAME - Last		First		Middle			
SCHOOLS							
6. EDUCATION, LICENSES, CERTIFICATIONS Check (√) and fill in appropriate areas			High School Graduate/GED Certificate? Yes No ATTACH A COPY OF DIPLOMA OR CERTIFICATE				
☐ Vocational/Technical Hours Completed:			Major / Field				
☐ School - Major Field Hours Completed:			Major / Field				
☐ Business School	Major / Field						
		CO	LLEGE OR	UNIVERSITY			
7(a). UNDERGRADUATE			7(b). GRADUATE School(s):				
School(s):				School(s).			
Major Field(s):				Major Field(s):			
Degree Earned		Date Earned	d:	Degree Earned		Date Earr	ned:
		LIC	ENSE OR (CERTIFICATE			
8(a). License/Certifica	te issued by			8(b). License/Certific	cate issued I	oy:	
Field/Trade Specialization	Number	Date Issued	Exp. Date	Field/Trade Specialization	Number	Date Issued	Exp. Date
NOTE: You MUST SUBMIT required documents (copy of transcripts, licenses, certificates) with each application. 9. State any additional information you feel may be helpful to us in considering your application:							
SHERIFF AND/OR FIRE APPLICANTS ONLY							
10(a). Are you age 18	3 or older?	-				Yes 🗌 No 🏻	
10(b). Social Security	Number						
10(c). Driver's License Number			State:				
10(d). Are you willing to submit to a full background investiga			gation?		Yes 🗌 No 🏻		
10(e). Are you willing to submit to a drug and alcohol screening?			ening?		Yes 🗌 No [
10(f). Are you willing	to submit to	psychologica	I testing?			Yes 🗌 No [
10(g). Are you willing to submit to polygraph testing?						Yes 🗌 No 🏻	
10(h). Are you willing to undergo various physical agility tests and submit to a full physical examination? Yes No							

NOTE: The information requested below regarding ethnicity, gender, age, veteran and disability status is **voluntary**, but is needed to assure compliance with reporting requirements of Federal Equal Employment Opportunity laws. Your cooperation is appreciated. This data will be kept in a **CONFIDENTIAL** file separate from the application for employment. It will not be seen by the interviewer. NAME -Middle Last First Social Security Number Date of this Application: DATE OF BIRTH (MM / DD / YYYY) **GENDER** Male Female VETERAN STATUS: (Check all that apply) **ETHNICITY INFORMATION** ☐ Vietnam Era ☐ Other Era ☐ Anglo Black Pacific Islander Disabled ☐ Active – Full time ☐ Hispanic ☐ American Indian Active – Reserve/National Guard Other (specify)

NAME - Last	First	Middle	

(11) EMPLOYMENT HISTORY - A résumé will not be accepted in lieu of the employment application. Begin with current or most recent job or volunteer experience and work back. If more than one position has been held with the same employer, list each separately. Describe each different assignment in military service. Under "DUTIES" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibilities.

# E 1 1 1 1	EMPLOYMENT HISTORY							
# Employer's Name	Kind of Business			From (Mo/Yr)	To (Mo/Yr)			
1								
Employer's Address	/Mailing	ing Supervisor's Name						
City State	Supervisor's T	Telephone Number - Ext.						
Your Job Title	,	Current or Last	Hourly Pay					
Tour Job Title	Hours per v		_ rait-tille	\$ / hour				
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If you supervised employees, indicate	number:	Place of 6	employment, if all	fferent from emplo	yer's address			
Give Dates: From (Mo/Yr) To	(Mo/Yr)	(Address						
Duties:		(City, Sta	ite, Zip)					
Duties.								
Reason For Leaving:								
DO NOT WRI	TE IN THIS A	ADEA		YEARS MO	ONTHS			
DO NOT WAT	TE IN THIS A	AREA		TEARS IVIC	JNINS			
# Employer's Name Kind of Rusiness Erem (Me/Vr) To (Me/Vr)								
# Employer's Name		Kind of Busine	ess	From (Mo/Yr)	To (Mo/Yr)			
# Employer's Name 2		Kind of Busine	ess	From (Mo/Yr)	To (Mo/Yr)			
2	Street			1	To (Mo/Yr)			
. ,	Street	Kind of Busine /Mailing	ess Supervisor's N	1	To (Mo/Yr)			
2 Employer's Address		/Mailing	Supervisor's N	lame	, , , , , , , , , , , , , , , , , , ,			
2			Supervisor's N	1	, , , , , , , , , , , , , , , , , , ,			
2 Employer's Address	Check (✓)	/Mailing Zip Code one Full-time [Supervisor's N Supervisor's T () -	lame elephone Number Ext. Current or Last	r Hourly Pay			
Employer's Address City State		/Mailing Zip Code one Full-time [Supervisor's N Supervisor's T () -	Jame Telephone Number Ext.	r Hourly Pay			
Employer's Address City State	Check (✓) (Hours per v	/Mailing Zip Code one Full-time [week:	Supervisor's N Supervisor's T () - Part-time	lame elephone Number Ext. Current or Last	r Hourly Pay			
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		EMPLOYMEN	T HISTORY (Continued)		
# Employer's Na			ind of Busine		From (Mo/Yr)	To (Mo/Yr)
Employer's Address Stree			ailing	Supervisor's	s Name	
City State			Supervisor's Telephone Number () - Ext.			r
•		Check (✓) on Hours per we	one Full-time Part-time week:		Current or Last	
If you supervised en	mployees, indicate	l number:	Place of e	mployment, if	different from emplo	oyer's address
Give Dates: Fro	om (Mo/Yr) To	(Mo/Yr)	(Address) (City, State			
Duties:			` •			
Reason For Leaving	j :					
	DO NOT WRI	TE IN THIS AR	REA		YEARS M	ONTHS
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01/2008

SANTA FE COUNTY APPLICATION FOR EMPLOYMENT CONTINUATION SHEET FOR EMPLOYMENT HISTORY

NAME - Last First		Middle)		
# Employer's Name K		d of Business		From (Mo/Yr)	To (Mo/Yr)
Employer's Address	Street/Mailir	ng	Supervisor's	Name	
City State	Zip C	Code		Telephone Numbe - Ext.	er
Your Job Title	Check (✓) one ☐ Hours per week		Part-time	\$ / hou	
If you supervised employees, indicate not Give Dates: From (Mo/Yr) To (Mo/Yr)	ımber: Mo/Yr) /	Place of er address (Address) (City, Stat		different from empl	loyer's
Duties:					
				DO NOT WRITE	
Reason For Leaving:				YEARS M	ONTHS
# Employer's Name	Kin	d of Busines	SS	From (Mo/Yr)	To (Mo/Yr)
Employer's Address	Street/Mailir	ng	Supervisor's	Name	
City State	Zip C	Code	Supervisor's	Telephone Numbe	er
Your Job Title	Check (✓) one	Full-time] Part-time	Current or Last	Hourly Pay
	Hours per week	C :		\$ / hou	ur
If you supervised employees, indicate not Give Dates: From (Mo/Yr) To (Mo/Yr)	mployment, if one	different from emp	loyer's		
Duties:		1			
				DO NOT WRITE	IN THIS AREA
Reason For Leaving:				YEARS M	ONTHS
reason for Leaving.					

FOR ADDITIONAL EMPLOYMENT HISTORY USE SUPPLEMENTAL SHEET (SFC_Appl_employ_hist_cont)

Supplemental Sheets are attached: Yes
No